

CONNECTION

Important information for Fallon Health physicians and providers

May 2015

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What's new

New lines dedicated to discharge planning

We now have a new phone line and fax line dedicated to discharge planning requests.

The discharge planning numbers are:

Phone: 1-508-368-9911

Fax: 1-508-373-7705

We also have staff dedicated to these lines to receive your incoming calls, which will go directly to the discharge planners, and to monitor the fax line and submit any supporting clinical information with requests.

The new lines were introduced March 16. Please remember to use them only for discharge planning requests. ■

Let's connect

Fallon launches its own Cancer Support Program

Fallon Health is now offering its own Cancer Support Program to members who are being treated for cancer. The program is offered at no extra cost as part of their medical coverage with Fallon.

We discontinued a similar program with Alere because we came to believe that our own experienced and compassionate staff could provide

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the same or better quality care that was also more inclusive and less fragmented. We plan to expand participation and also include pediatric patients.

Program overview

Our nurses, social workers and navigators work as a team to provide telephonic support, answer questions about all aspects of care, give guidance with care options and do home visits for those who qualify. There is no minimum or maximum time requirement for being in the program. Members may remain in it for as long as they need it.

Fallon's health professionals will be in regular contact with the member's providers and will work in conjunction with the care plan. The program will be confidential. Fallon will only share members' protected health information with their providers.

Who's eligible?

The Cancer Support Program is open to members of Fallon's fully-insured commercial, Medicare Advantage and MassHealth plans. Individuals are invited to join based on their claim history (receiving active cancer treatment), a recommendation from their provider or an internal referral. Members may also self-refer. Some exclusions may apply.

Physician or self-referrals may be made by calling us at 1-800-333-2525, ext. 78002 (TTY 711). You may leave a confidential voicemail message and we'll return the call within 24 business hours. ■

Testing Wisely – Lumbar spine imaging



An initiative of the ABIM Foundation

To continue our Testing Wisely series, we are profiling a recent recommendation from The American College of Emergency Physicians (ACEP) for the

Choosing Wisely® campaign.

Choosing Wisely is an initiative of the ABIM Foundation that aims to raise awareness about the overuse of certain tests and to help physicians and patients engage in conversation and promote partnership in making effective care choices that are based on each patient's individual situation. At Fallon Health, we fully support the Choosing Wisely campaign.

This month, we focus on ACEP's recommendation concerning lumbar spine imaging:

Avoid lumbar spine imaging in the emergency department (ED) for adults with non-traumatic

back pain unless the patient has severe or progressive neurologic deficits or is suspected of having a serious underlying condition (such as vertebral infection, cauda equine syndrome or cancer with bony metastasis).

Low back pain without trauma is a common presenting complaint in the emergency department. Most of the time, such pain is caused by conditions such as a muscle strain or a bulging disc that cannot be identified on an X-ray or CT scan. When a patient has symptoms or physical findings of a serious or progressive neurological condition, or is suspected of having a serious underlying condition such as cancer or a spinal infection, imaging may be appropriate and may include plain X-rays or advanced imaging (e.g., MRI or CT scan).

Diagnostic imaging does not accurately identify the cause of most low back pain and does not improve the time to recovery. The vast majority of cases of back pain in the ED are related to muscle strain or inflammation. As a result, routine imaging of the low back should be avoided in order to reduce ionizing radiation exposure and unnecessary cost.

What Fallon found

The review we did in our network of one year's worth of emergency room visits for complaints of simple low back pain revealed that 1,344 Fallon Health members sought emergency care for this condition; of those, 460 received spine imaging of some type on that same date of service.

Low back pain is a common condition encountered by 80% of adults, and many adults present with acute pain in the ED. Treatment guidelines largely recommend against imaging in general when "red flags" have been ruled out (such as fracture, infection or serious neurological problems). The recent recommendation made by ACEP reinforces the cautions against use of imaging for adults with non-traumatic back pain.

Radiation imaging should be used judiciously in order to minimize exposure. It appears from our analysis that there's opportunity for improvement in this area. Although ED physicians are not required by Fallon Health to seek prior authorization for high-tech radiology, providers and members should be empowered to ask whether the radiographs requested are likely to change the management of the condition and/or improve outcomes.

To learn more about the Choosing Wisely campaign in Massachusetts visit choosingwiselyma.org. ■

Quit to Win is helping quitters win with text messages

Evidence to support the effectiveness of text message interventions for smoking cessation is mounting. The *Journal of Substance Abuse Treatment* published this year a meta-analysis, which showed that smoking quit rates for the text-intervention groups were 35% higher than control groups.

Fallon Health's Quit to Win (QTW) text message support is a very flexible intervention. Some QTW participants add texts to their 1:1 phone coaching or in addition to the weekly conference calls. A growing number of QTW participants are opting to use only text messaging, presumably because it fits so well into their schedules and busy lifestyles.

The text message support option is also relevant for tobacco users before, during and after their quit attempts. Some members have continued to receive the messages for several months after quitting because they help reinforce the individual's decision to live tobacco-free.

The daily messages also make it easy for a relapsed quitter to get back into treatment. Even some members who weren't "quite ready" to try to quit have opted to receive the free daily messages.

Quit to Win's positive, non-judgmental, daily messages may be the ideal intervention for any tobacco user with a cell phone—before, during and after their quit attempt. It's easy to get your patients who have Fallon Health started in QTW. Fallon members may:

- Call us at 1-508-368-9540 or 1-888-807-2908
- Email us at quittowin@fchp.org
- Text QtoW to 77948

Please let us know how Quit to Win can enhance your provider experience. Thank you! ■

References:

"Efficacy of SMS text message interventions for smoking cessation: A meta-analysis" *Journal of Substance Abuse Treatment*, available online February 2, 2015 at sciencedirect.com/science/article/pii/S0740547215000264.

"Efficacy of a text messaging (SMS) based smoking cessation intervention for adolescents and young adults: Study protocol of a cluster randomized

controlled trial," *BMC Public Health*, 2012; 12: 51. Published online January 19, 2012 at ncbi.nlm.nih.gov/pmc/articles/PMC3280161.

Dr. Aggarwal joins Health Foundation board



Sarika Aggarwal, M.D., Fallon's Senior Vice President and Chief Medical Officer, was elected to a three-year term on the board of directors of The Health Foundation of Central Massachusetts.

The foundation's mission is to improve the health of those who live or work in the Central Massachusetts region through grants that address vulnerable populations and unmet needs. The foundation's grant-making budget for 2015 is set at an all-time high of \$2.7 million. Learn more at hfc.org. ■

Fallon offers medical students new perspective

As one of the nation's top health plans, Fallon Health led the way in caring for members with a coordinated approach. Building upon our experience and success with this model of care, we are now participating in the Flexible Clinical Experience program at UMass Medical School to teach managed care to third-year medical students.

This program allows Fallon to reach future leaders early in their careers and create a foundation for how providers, patients, health plans and other community partners can work together more effectively and efficiently.

Dr. Sarika Aggarwal, our Chief Medical Officer, founded the program in 2014 as part of her continued commitment to the community to build a better health care system.

Students participating in the four-day program rotate through Fallon departments and committees to learn the practices of how to manage care. They also have the opportunity to shadow Dr. Aggarwal and her staff.

As part of the program, students are able to visit one of Fallon's six PACE sites, accompany a Fallon Total Care or NaviCare Navigator on a home visit or explore our Worksite Wellness Clinic at The College

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of Holy Cross. It's a great way to see first-hand what integrated care looks like in a variety of settings.

"Overall, my week at Fallon provided me with a better understanding of managed care, the services provided by health insurance companies, the focus on health prevention and the different ways that the carriers supplement the care of provider," said Adriana Negrini, a recent intern. "I am sincerely grateful to all whose paths I came across this week, and to all who welcomed me with open arms." ■

Quality focus

Clinical Practice Guideline update

Our Clinical Practice Guidelines are available on fallonhealth.org/providers/medical-management/health-care-guidelines and fallontotalcare.com. For a paper copy, please contact Robin Byrne at 1-508-368-9103.

Recent update: Fallon's Clinical Quality Improvement Committee endorsed and approved the following Clinical Practice Guideline:

- *American Diabetes Association Standards of Medical Care in Diabetes—2015*

These standards have been revised by the American Diabetes Association's multidisciplinary Professional Practice Committee, incorporating new evidence. ■

Compliance

ICD-10 and clinical documentation

Timely, accurate and complete documentation is important to clinical patient care. This same documentation serves as a second function when a bill is submitted for payment—namely, as verification that the bill is accurate as submitted.

Therefore, one of the most important physician practice compliance issues is the appropriate documentation of diagnosis and treatment. Physician documentation is necessary to determine the appropriate medical treatment for the patient and is the basis for coding and billing determinations (U.S. Department of Health & Human Services).

Clinicians document based on clinical conditions, not on code descriptors. However, ICD-10 can be a catalyst for improving documentation. Understanding the increased specificity needed in the clinical documentation for describing conditions and treatments is important in order to capture the complete and accurate clinical picture of the patient in the medical record—and should be reflected in the medical coding.

Some documentation concepts important for ICD-10 readiness include:

- co-morbidities
- manifestations
- etiology/causation
- complications
- detailed anatomical location
- sequelae
- degree of functional impairment
- biological and chemical agents
- phase/stage
- lymph node involvement
- lateralization and localization
- procedure- or implant-related

Refer to the following excellent resources to learn more about preparing for ICD-10:

- Centers for Medicare & Medicaid Services: roadto10.org
- Massachusetts Health Data Consortium: mahealthdata.org
- Massachusetts Medical Society: massmed.org/Physicians/Practice-Management/ICD-10-Resources/ICD-10-Resources/#VO95G2w5Dcs ■

● MassHealth update

MassHealth resumed its annual redetermination process

Effective January 15, 2015, MassHealth resumed its annual redetermination process by sending MassHealth members a notice of time for renewal.

MassHealth is required by law to review members' eligibility every year. It's called the "annual Eligibility Review Verification (ERV)." It's important that members complete this process in order to avoid any gaps in their coverage. The application process can be completed online at mahealthconnector.org. Members who don't reapply by their deadline noted in the MassHealth renewal notice will be sent a termination notice stating that their benefits will end.

To support this effort, Fallon Health is sending their impacted MassHealth members a letter, plus a reminder postcard. If any of your patients have questions about this process, please have them call MassHealth directly at 1-800-841-2900. ■

● Product spotlight

The power of the NaviCare model of care

Fallon's team of navigators and nurse case managers from NaviCare was able to significantly improve the influenza vaccination rate for our NaviCare members during the current flu season. The rate jumped from less than 33% last year to more than 74.3% this year, as of March 2015. How was this incredible improvement possible?

The navigators and nurses began early by educating members about the importance of influenza vaccination to their health. Then they set a goal of 100% outreach to active NaviCare members by providing reminders, additional education and assistance with transportation to vaccination sites.

They tracked their outreach progress and monitored claims data that documented completed vaccinations. With the support of regular feedback, they were able to achieve 99.93% of their outreach goal to NaviCare members and a vaccination rate of 72.1%!

This is a powerful example of the NaviCare model of care at work. A focused effort using a team approach can achieve great results. Congratulations to all who worked on this successful project. To learn more about NaviCare, visit navicare.org. ■

● Script Alerts

Fallon expands its Hep C treatment protocol

We have expanded our program to facilitate the treatment of hepatitis C for our members who are receiving Harvoni®, Sovaldi®, and Viekira®. We'll be reaching out to members to closely monitor their treatment progress.

Standard therapy

The standard therapy for hepatitis C genotype 1 (the most common in American patients) has been a 48-week regimen of weekly interferon injections along with one or two oral antiviral drugs (e.g., ribavirin). Due to the required self-injection and common side effects (fatigue, depression, nausea, etc.), individuals often refuse or stop treatment.

New treatments, better outcomes, higher costs

New treatment options have emerged—but not without significant costs. The new Food & Drug Administration-approved treatments provide an all-oral regimen that appears to have better efficacy and tolerability than the interferon-based regimens.

Treatment	Cost per day, per patient
Harvoni	\$1,350
Sovaldi	\$1,200
Sovaldi + Olysio	\$2,148
Viekira	\$1,190

The medication also can be given to a greater number of people, significantly increasing the cost and the patient follow-up required. The treatment pool includes people new to therapy, people who previously failed therapy, patients with HIV and hepatocellular carcinoma, people awaiting a liver transplant and people who have received a liver transplant.

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Fallon Health protocol

Our goal is to work with prescribers to facilitate the treatment for members who are prepared and motivated to receive this drug regimen. **A clinical pharmacist will outreach to these members to provide important counseling regarding their treatment.**

The pharmacist and/or nurse case manager will periodically contact the member to monitor for adverse drug effects, drug interactions, compliance and other important factors that may affect treatment outcome. The pharmacist and/or nurse case manager also will help the member with ordering and obtaining refills.

If you'd like additional information, please call Provider Relations at 1-866-275-3247, prompt 5. ■

Coding corner

Code updates

Effective January 2, 2015, the follow code will require prior authorization.

Code	Description
77063	Screening digital breast tomosynthesis, bilateral (List separately in addition to code for primary procedure.)

Effective April 1, 2014, the following code is covered only for Fallon Total Care/Summit ElderCare (PACE)/NaviCare/Medicare/Fallon Health Weinberg (DSNP and PACE). All other lines of business will deny vendor liable.

Code	Description
G0471	Collection of venous blood by venipuncture or urine sample by catheterization from an individual in a skilled nursing facility (SNF) or by a laboratory on behalf of a home health agency (HHA)

Effective June 2, 2014, the following code is covered only for Fallon Total Care/Summit ElderCare (PACE)/NaviCare/Medicare/Fallon Health Weinberg (DSNP and PACE). All other lines of business will deny vendor liable.

Code	Description
G0472	Hepatitis C antibody screening for individual at high risk and other covered indication(s)

Effective December 1, 2014, the following codes will be covered for MassHealth members only and will require prior authorization.

Code	Description
E8000	Gait trainer, pediatric size, posterior support, includes all accessories and components
E8001	Gait trainer, pediatric size, upright support, includes all accessories and components
E8002	Gait trainer, pediatric size, anterior support, includes all accessories and components

In the March 2015 Connection, we stated that codes 21811, 21812 and 21813 required prior authorization effective January 1, 2015. **Effective January 2, 2015**, these codes no longer require prior authorization.

Code	Description
21811	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 1-3 ribs
21812	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 4-6 ribs
21813	Open treatment of rib fracture(s) with internal fixation, includes thoracoscopic visualization when performed, unilateral; 7 or more ribs ■

Fallon now covers telemedicine services

On March 1, 2015, Fallon Health began covering telemedicine services for its members.

Telemedicine is a broad term used to define an array of electronic communication between medical professionals and patients at different locations. This may include, but is not limited to, secured internet communication, video conferencing and remote monitoring.

Telemedicine can be provided by many physicians and other medical staff, including many different specialists. It's a tool used for better access to patients where a physician may not be available due to such reasons as distance, wait-time for an appointment or lack of geographic specialty access.

There are specific HCPCS codes listed in the table below that describe, and should be billed for, telemedicine services.

Code	Description
G0406	Follow-up inpatient consultation, limited, physicians typically spend 15 minutes communicating with the patient via telehealth
G0407	Follow-up inpatient consultation, intermediate, physicians typically spend 25 minutes communicating with the patient via telehealth
G0408	Follow-up inpatient consultation, complex, physicians typically spend 35 minutes communicating with the patient via telehealth
G0425	Telehealth consultation, emergency department or initial inpatient, typically 30 minutes communicating with the patient via telehealth
G0426	Telehealth consultation, emergency department or initial inpatient, typically 50 minutes communicating with the patient via telehealth
G0427	Telehealth consultation, emergency department or initial inpatient, typically 70 minutes communicating with the patient via telehealth
G0459	Inpatient telehealth pharmacologic management, including prescription, use, and review of medication with no more than minimal medical psychotherapy

According to the regulation of the Centers for Medicare & Medicaid Services, Medicare-based plan members also may receive telemedicine services with the additional codes found at [cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshst.pdf](https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/TelehealthSrvcsfctshst.pdf).

Fallon Health requires a GT-modifier to be attached if a code is not listed above and is used for a Medicare member. Use of these codes for any other plan type to describe telemedicine will result in a denial of the claim.

If you have any questions, please call Provider Relations at 1-866-275-3247, prompt 4. ■

Payment policy updates

Payment policies this issue

Apply to Fallon Health and Fallon Total Care *unless otherwise noted*.

New policies – effective July 1, 2015:

- **Adult Day Health Payment Policy**
- **Adult Foster Care Payment Policy**
- **Aging Service Access Points (ASAP) Payment Policy**
- **Telemedicine Payment Policy**

Revised policies – effective July 1, 2015:

The following policies have been updated; details about the changes are indicated on the policies. Go to fallonhealth.org/providers/medical-management/payment-policies.

- **Assistant Surgeon Payment Policy** – moved to Fallon Health template.
- **Cardiology Services Payment Policy** – moved to Fallon Health template.
- **Laboratory and Pathology Payment Policy** – Updated the reimbursement, referral/prior authorization requirements, and billing and coding sections.
- **Non-Covered Services payment policy** – Updated list of non-covered services and moved to new template.
- **Vaccine Payment Policy** – Updated link in first paragraph and table at the end of the policy. ■

Have you seen your
CONNECTION?

Please pass this along to the
next person on the list.

Date received _____

Please route to:

- Office manager
- Physician
- Billing department
- Receptionist
- Referral site
- Other

Get connected

Connection online ● May 2015

Your online supplement to *Connection* at
fallonhealth.org/providers/connection-newsletter contains:

- Payment policy updates and links
- Have updates to your demographics?
- Provider loyalty and satisfaction with Fallon Health

Connection is a bimonthly publication for all Fallon Health ancillary and affiliated providers. The next copy deadline is **May 6** for our July 2015 issue.

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Questions?

1-866-275-3247 – Fallon Health
1-855-508-4715, press 4 –
Fallon Total Care